PERRY COUNTY, INDIANA GRIEVANCE FORM

<u>Instructions</u>: Please fill out this form completely in blue or black ink or type. Sign and submit to the ADA Coordinator, c/o The Perry County Administrator, Perry County Courthouse, 2219 Payne Street, Tell City, IN 47586. For assistance please call 812-547-2758.

THIS FORM IS OPTIONAL AND IS PROVIDED FOR YOUR CONVENIENCE.

Grievant Name:		
Address:		email:
Home Telephone:	Work:	Cell:
If an authorized representative information must also be included.		ehalf of another person, his/her personal
Representative Name:	g	
Address:		email:
	¥.	Cell:
		: Race, Color, Gender, Age, Disability, National
Date of Incident:		ime of Incident:
Location or Address of Incider	nt:	
		ist his/her name:
Names and contact information	on of witnesses:	
If your grievance is being filed identified by name:	•	n or group of people, all grievants must be
Grievant Signature:		Date:
Authorized Representative Signature:		Date: